

My heart is in two places: ontological security,
emotions and the health of African refugee women
in Tasmania.

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Thesis Abstract

For historical reasons the Australian health system has been linked to immigration since the time of the first settlement and has retained its control of immigration health and its influence on settlement policy. Health professionals interpret emotional distress as a mental disorder, so that health provisions for refugees, who are perceived by Australian health professionals as necessarily suffering from traumatic experiences as a result of war, torture and terror, have focussed on mental health. While the health system has addressed many cultural issues considered by Western health authorities to have an effect on the health of refugee women such as problems of access, of communication, and the perceived insensitivity of health staff to cultural values and practices, other differences should also be taken into consideration.

This research project uses a unique combination of qualitative research methods to trace the impact of forced separation from family members remaining in Africa on the health of refugee women from Sudan, Ethiopia and Sierra Leone. In contrast to other studies of transnational families, refugee families are identified as “stretched” in Massey’s (1994) sense of retaining close relationships over distance, and also “stretched” in terms of the emotional strain of caring for family members who are in constant danger. “Stretched” also applies to the economic burdens which must be met to comply with family obligations and the requirements of the immigration and health systems before family members can be re-united with those in Australia.

Participants in this research, who are often described by researchers as victims, and without agency, react to forced separation from their families by implementing strategies to bring their family members to Australia. Employment is a priority because they must also support their family members in another country, save money for sponsorship, medicals and transport, as well as support themselves in Australia. In order to find work they have to overcome barriers which include learning a foreign language, undergoing work training and gaining work experience. The emotional stress which results from the passage of time, the search for employment, the uncertainties of the family reunion process, and the availability of modern

technologies, which connect refugees to the lives of their family members on a daily basis, have embodied consequences for participants in the research.

Western health systems interpret emotional pain as either of physical or mental origin, and apply appropriate medical treatments. However the embodied emotional pain experienced by the participants in this study is directly related to the circumstances of family separation and is only relieved when their family members are safe in Australia. Emotions are culturally created to respond to cultural values. Ontological insecurity is experienced as a result of ongoing social, emotional and physical stress due to unmet expectations. The body suffers from the stress created by the emotional determinants of health. Emotion, ontological insecurity and embodied health are connected through culture and social structure. Social ills require social healing.

Certificate of Originality

This thesis contains no material which has been accepted for a degree or diploma by the University or any other institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the text of the thesis.

Helen Hutchings

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